

# Capital Equipment Finance Application Form

## Application and contact information

Legal Form:			
Full name of legal entity:			
Trading name:			
Registration no:	VAT registration no:	Income Tax No:	PAYE no:
Business Address:			Postal Code:
Postal Address of the business:			Postal Code:
Telephone no:	Code:	Number:	Cell:
Fax no:	Code:	Number:	E-mail address:
Contact person:			Designation:
Registered address:			

## Equipment to be financed ( Please attach Quotes/Pro Forma Inv's or Invoices)

Description of goods:			
New <input type="checkbox"/>	Used <input type="checkbox"/>	Brand name:	Official supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>
Local supplier:			Established:
Foreign supplier:			Payment Option: Advance <input type="checkbox"/> Arrears <input type="checkbox"/>
Do you require an Import Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>			Date Payable:
Do you have a clearing agent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Service agreement: Yes <input type="checkbox"/> No <input type="checkbox"/> Details:			
Cash price: R	Period:	months	
Type of Finance: Rental <input type="checkbox"/> Lease <input type="checkbox"/> Instalment Sale <input type="checkbox"/>	Deposit: R		
Repurchase undertaking from supplier? Yes <input type="checkbox"/> No <input type="checkbox"/>			Details, if yes:
Sureties offered:			
Other securities offered:			

## Management – General background and information (brief CV where applicable) on previous working history with reference to businesses worked for, length of service and responsibilities, list dates, company name and job function. Also specifically note the Financial Management and their experience.

1.	Name:		Responsibilities		
			Date Joined:		% Held
2.	Name:		Responsibilities:		
	Qualifications:		Date Joined:		% Held

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3.	Name:		Responsibilities:			
	Qualifications:		Date Joined:		% Held	

4.	Name:		Responsibilities:			
	Qualifications:		Date Joined:		% Held	

Is there succession planning in place? Yes  No

Details, if yes:

## Particulars of Owners/Members/Partners/Shareholders/Directors (Refer to Annexure)

Name of person	Marital status (ANC/COP) & Date of Marriage	Address	ID Number	Capacity (Member/Director)	% Held

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## Billing

Name of person

Contact Number

Email Address

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## Signatory/ies Contact Details

Name of person

Cellphone Number

Email Address

Name of person	Cellphone Number	Email Address

## Nature of Business (Product Details, Manufacturing Process, Distribution Methods):

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**Sasfin Bank Limited**

Reg no. 1951/002280/06 info@sasfin.com

29 Scott Street Waverley Johannesburg 2090 PO Box 95104 Grant Park 2051

Tel: +27 11 809 7500

**Also at** Bloemfontein Cape Town Durban Hong Kong Plettenberg Bay Port Elizabeth Pretoria

An authorised financial service provider licence no. 23833, registered credit provider NCRCP22 and a member of the Sasfin Group

## Capital Equipment Finance Application Form

**Source of Income (Mandatory):** Salaried Income  Investments  Financial Services  Rental Income  Commission

Public Administration  Membership Fees  Trade Income – Sales  Trade Income – Services   
Trade Finance

Other: (Please specify)

### History of Business:

How long has the business been in operation:

Years:

Months:

Number of Employees:

Office Staff:

Labourers:

Seasonality/Shutdowns:

BEE Status (Please attach latest certificate):

Give a brief history:

### Landlord Details:

Owner:

Contact Person:

Tel:

Cell:

Fax/Email:

### Auditors:

Company:

Contact Person:

Tel:

Cell:

Fax/Email:

### Insurers\*

Name of Insurance Company/Self Insured:

Policy No:

Postal Address:

Contact Person:

Email Address:

Tel No:

Fax No:

If Self Insured, provide details:

**\*Remember that fully comprehensive Short-Term Insurance is compulsory in terms of funding. Would you like Sasfin to arrange for a quotation: YES/NO**

# Capital Equipment Finance Application Form

## Commercial Banking Information (Please attach a copy of your latest facility letter)

Bank:	Branch:	Branch code:	Account No:
Manager/Contact at Bank:	Telephone no.:	Email:	
Overdraft Limit: R			
Security held by the Bank:	Cession of Book Debt? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other:			

## Other Borrowings/Financial Arrangements:

Institution/Company/Individual	Type of Facility	Security	Period	Instalment	Balance

## Suppliers (List major trade suppliers and attach the latest creditors age analysis)

Name	Trade Credit Limit	Terms	Average Monthly Purchases	Security Held	Tel No

### Trade Reference & Credit Bureau Consent

I/We hereby consent to you or your cessionary/ies making enquiries to my/our credit records and trade references with any credit reference agency or any third party to confirm the details provided and confirm that this consent shall apply in every respect to every director, shareholder, member and/or associate of the applicant. As signatory to this application I/we hereby indemnify you or your cessionary/ies against any claim that may be made against you or you cessionary/ies by any director, shareholder, member and/or associate of the applicant by virtue of this consent.

### Marketing Consent

I/We consent to Sasfin Bank providing personal details to its cessionary/ies, subsidiaries and associated entities and other departments for purposes of marketing and referring potential business opportunities from and by its cessionary/ies, subsidiaries and associated entities as well as for credit assessment purposes.

### Financial Intelligence Centre Acts (FICA)

All accountable institutions are required to identify their clients as required by the Financial Intelligence Centre Act No1 of 2017. We therefore consent to you carrying out identity and fraud prevention checks and sharing information as required

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### Certificate

I/we certify that to the best of my/our knowledge and belief the information I/we have given you is correct and I/we are not aware of any matters of circumstances which I/we have not disclosed to you in writing which might influence your decision. I/We certify that there are not writs, summonses, judgements, petitions, winding up order or pending applications for liquidation or threatened against the Applicant or its directors/shareholders.

### Annual Turnover

I/We warrant that the Annual Turnover and/or Net Asset Value is true and correct and acknowledge that Sasfin Bank Ltd has relied on such warranty in determining the legal framework of the facility.

\_\_\_\_\_

Duly authorised hereto

\_\_\_\_\_

Date

Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_

The following documentation is required together with this application:

1. Certified copy of ID documents of shareholders/directors/members
2. Certified copy of statutory documents (Certificate of Incorporation, Memorandum and Articles of Association (Companies), Founding Statement (Close Corporations), Organogram, Copy of Shareholders Certificate/ or Letter from the Auditor confirming Shareholding
3. Tax Clearance Certificate and latest Vat forms
4. Audited Financial Statements not more than 12 months old
5. Up-to-date management accounts
6. Budget and cash flow projections
7. Signed personal statement of assets and liabilities of shareholders
8. Copy of sales literature/brochure
9. Equipment Schedule
10. Any contracts/orders/work on hand

**On approval of the facility all relevant FICA documentation must be provided**

## Capital Equipment Finance Application Form

### Annexure to Related Parties

#### Full Names & Surname (as per ID)

ID/Passport no:	Date of birth:	Title:
Gender:  Male  Female	Nationality:	
Country of Residence		
Contact details:	Email address:	Tel no:
Occupation/Role in the business		
Residential Address		

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